

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90053 002 ***150.00

DOCUMENT # P03000024306

1. Entity Name
OWEN HEATING & COOLING, INC.



Principal Place of Business
**898 N RIDGEWOOD AVE
ORMOND BCH, FL 32174**

Mailing Address
**898 N RIDGEWOOD AVE
ORMOND BCH, FL 32174**

50004949



2. Principal Place of Business

3. Mailing Address

1515 Ridge wood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-P

CR2E034 (10/03)

City & State

City & State

Holly Hill FL

4. FEI Number

54-2097257

Applied For

Not Applicable

Zip

Country

Zip

32174

Country

Volusia

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOGUIDICE, JOE
1515 RIDGEWOOD AVE
STE A
HOLLY HILL, FL 32117**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOE Loguidice 1/10/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **OWEN, WILLIAM S**
STREET ADDRESS **898 N RIDGEWOOD AVE**
CITY-ST-ZIP **ORMOND BCH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

William S Owen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-05 386-677-2435

Date

Daytime Phone #